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DiBiasi

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(54) **PEN NEEDLE DISPENSING APPARATUS**

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(75) Inventor: **Michael A. DiBiasi**, West Milford, NJ (US)

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(73) Assignee: **Becton, Dickinson and Company**, Franklin Lakes, NJ (US)

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A61M 5/00 (2006.01)

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A61M 5/32 (2006.01)

(52) **U.S. Cl.**

CPC **A61M 5/008** (2013.01); **A61M 5/3202** (2013.01); **A61M 5/3204** (2013.01); **A61M 5/002** (2013.01); **A61M 5/3213** (2013.01); **A61M 5/34** (2013.01)

(58) **Field of Classification Search**

CPC . A61M 5/002; A61M 5/3202; A61M 5/3205; A61M 5/3213; A61M 5/34; A61M 5/3137; A61M 5/3204

USPC 604/192, 199, 506, 198, 197, 385.02, 604/263; 206/363

See application file for complete search history.

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Primary Examiner — Theodore Stigell

Assistant Examiner — Lauren M Peng

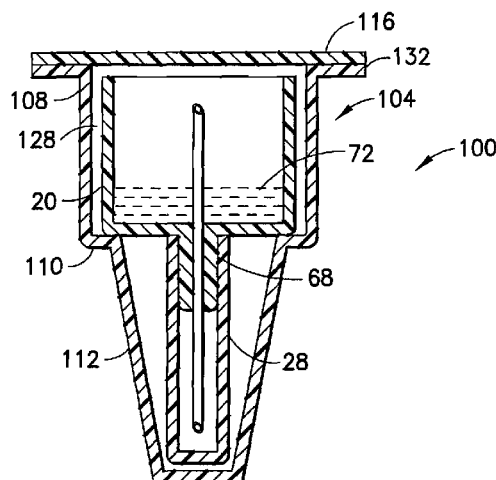
(74) *Attorney, Agent, or Firm* — Dickinson Wright PLLC

(57)

ABSTRACT

An apparatus is disclosed for storing and dispensing a pen needle for an injection device, including a packaging assembly including a pliable outer cover, the outer cover having a hub portion, a needle portion disposed at a distal end of the hub portion, and a flange disposed at a proximal end of the hub portion, the hub portion having internally protruding splines or other structures for engaging a hub of a pen needle. The hub portion is sufficiently pliable for a user to press gripping portions of the hub portion so that corresponding internal portions of the hub portion between the splines contacts the pen needle hub to increase a surface area contact between the outer cover and a pen needle therein.

10 Claims, 9 Drawing Sheets



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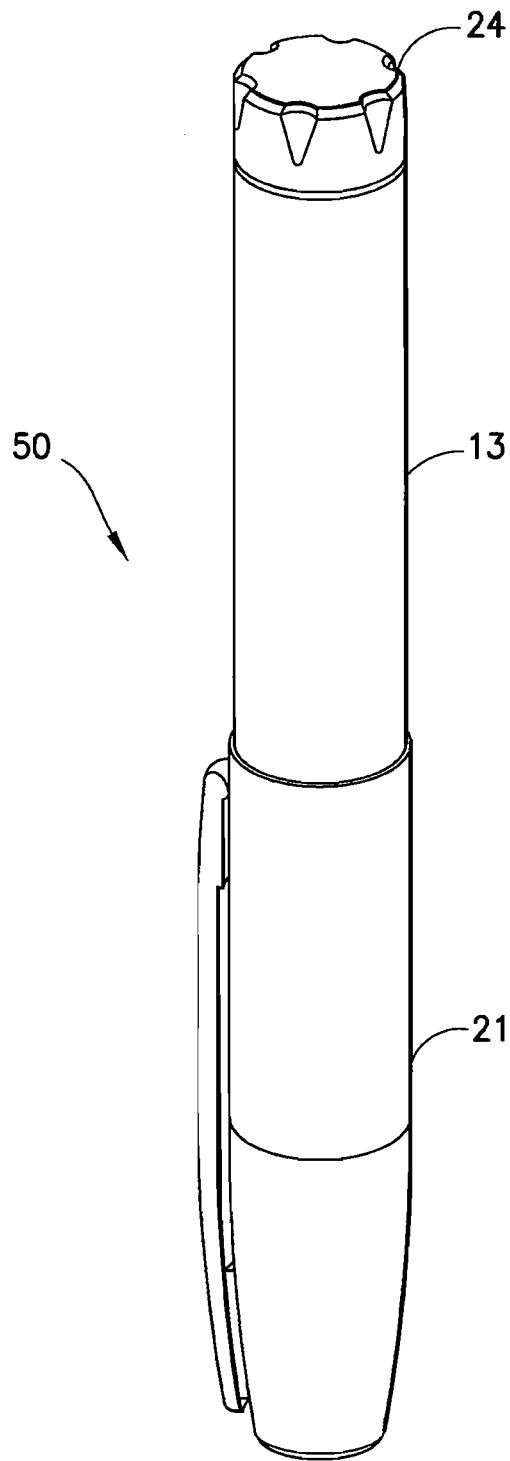


FIG. 1

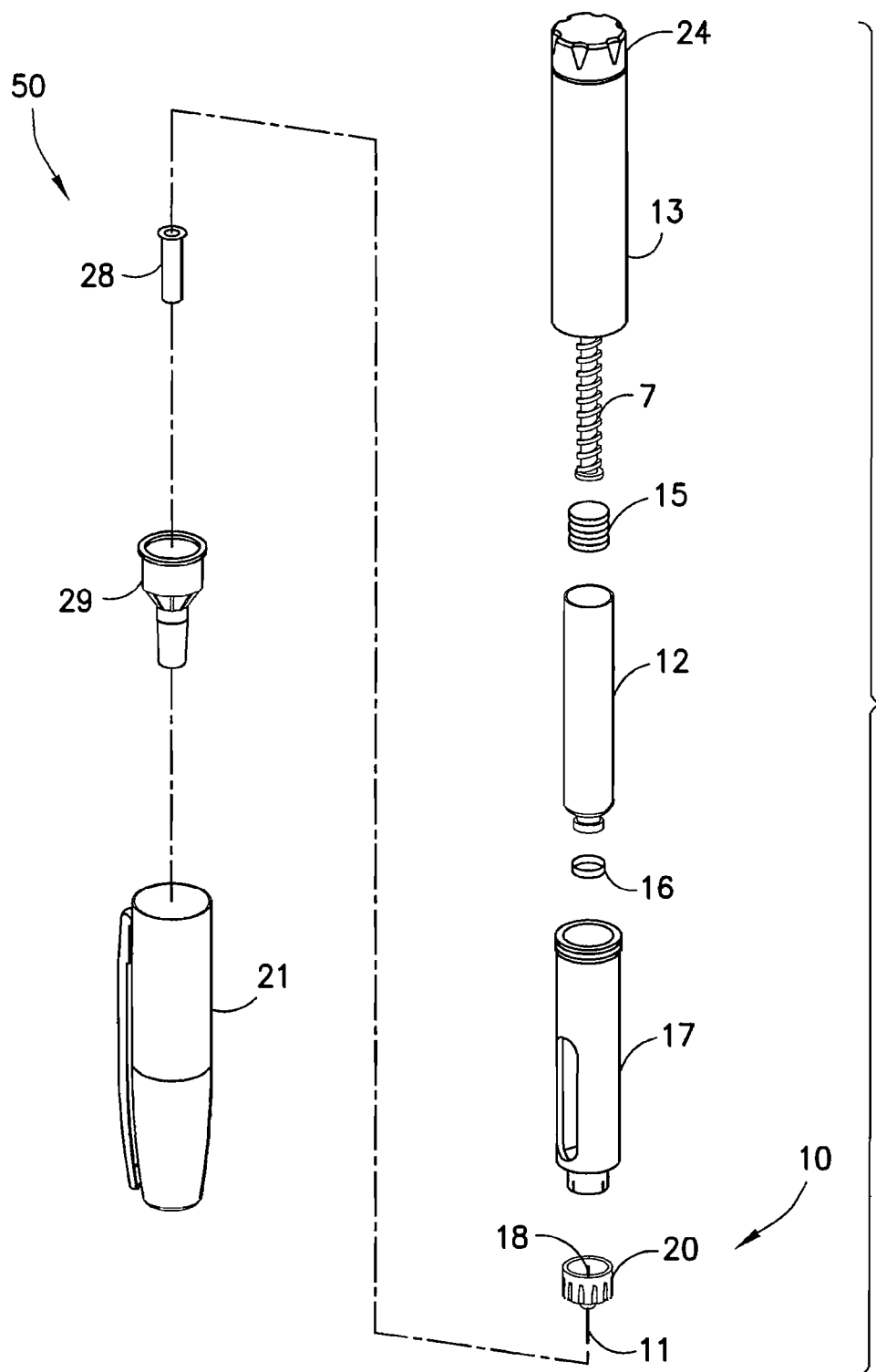


FIG.2

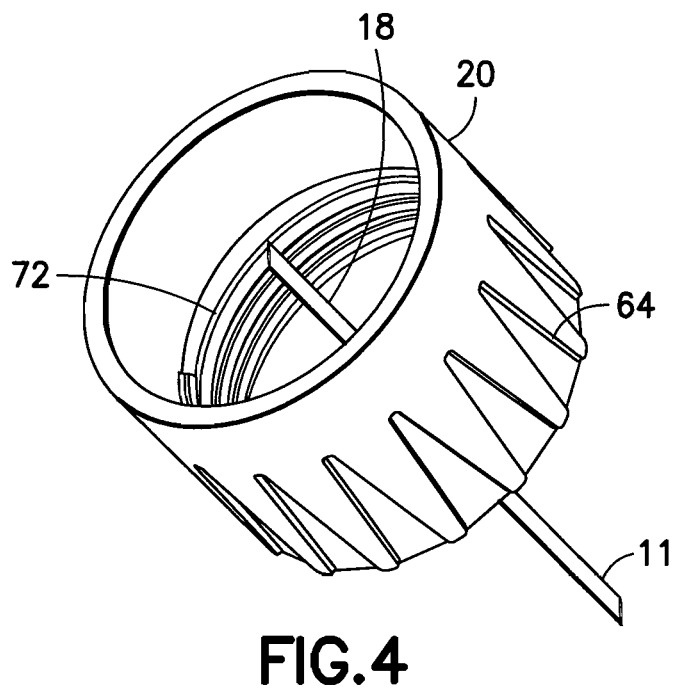
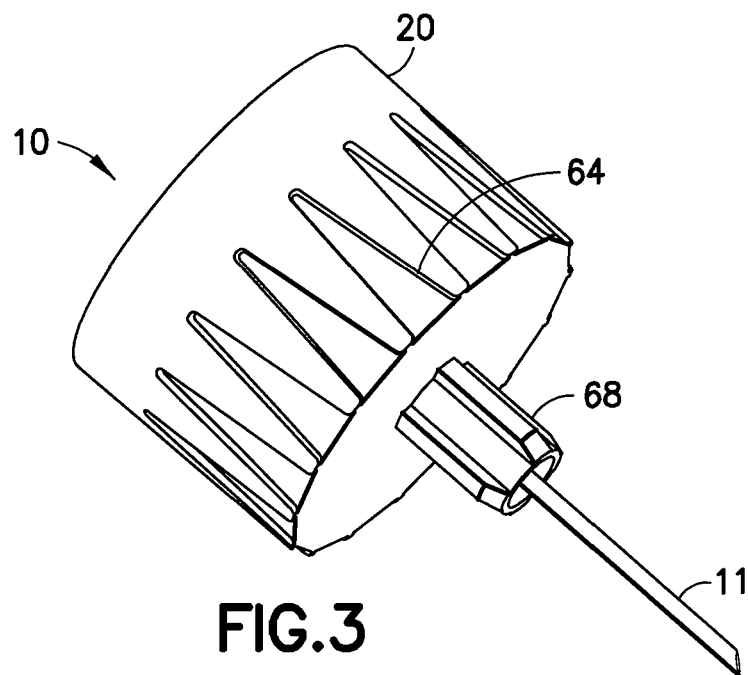


FIG.5

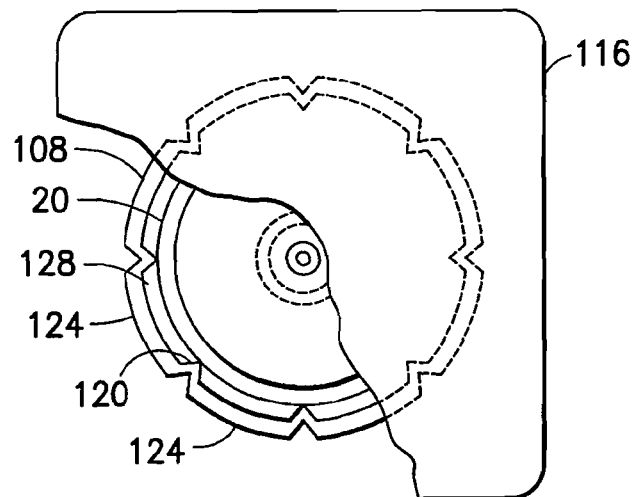


FIG. 6

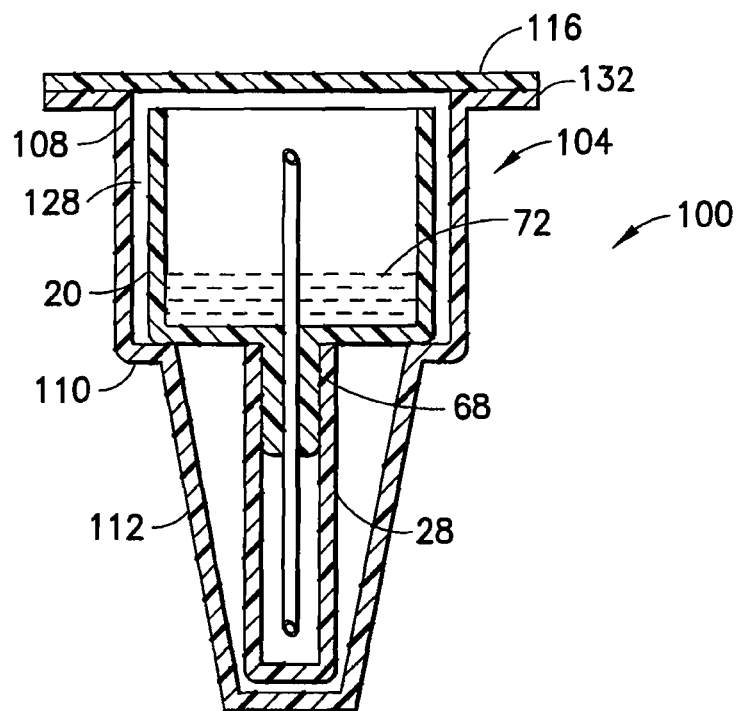


FIG. 7

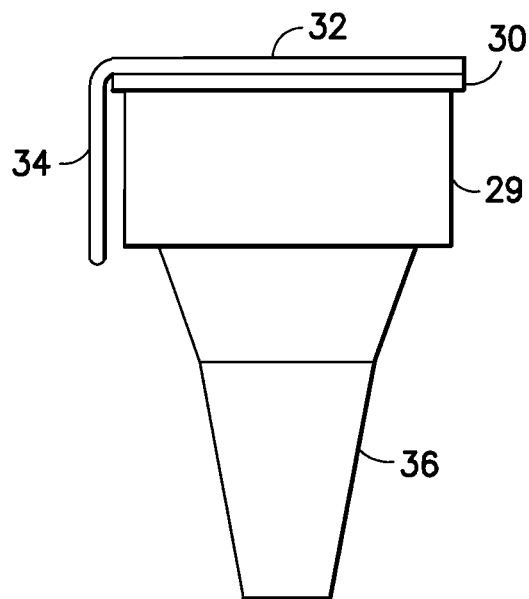


FIG. 8
(PRIOR ART)

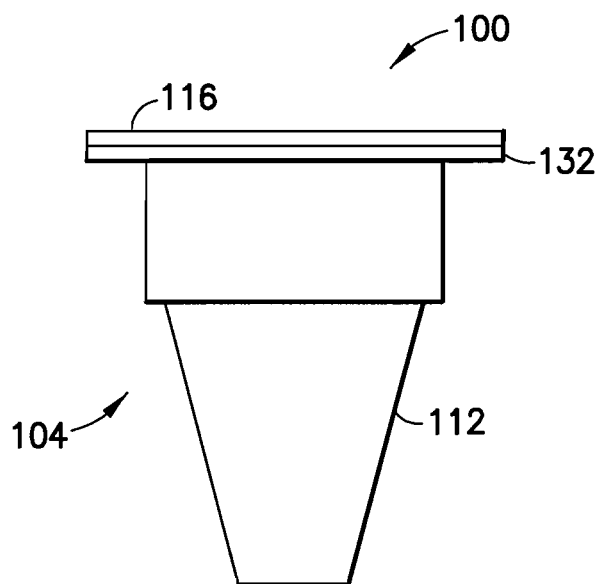


FIG. 9

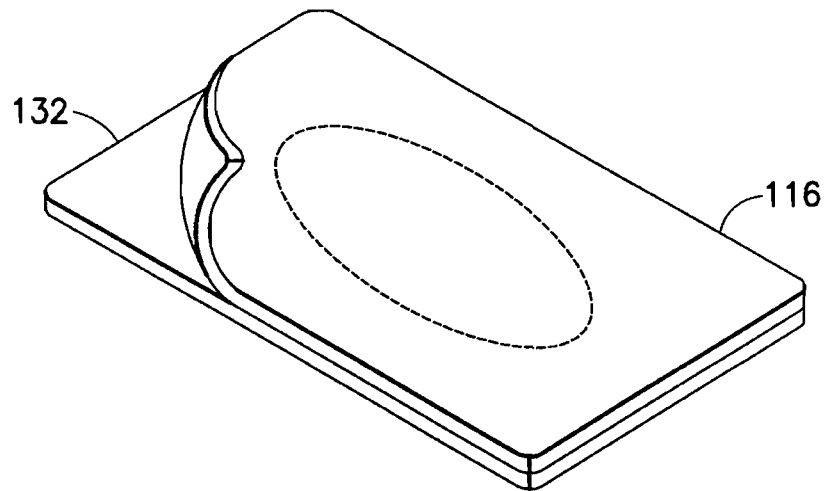


FIG. 10

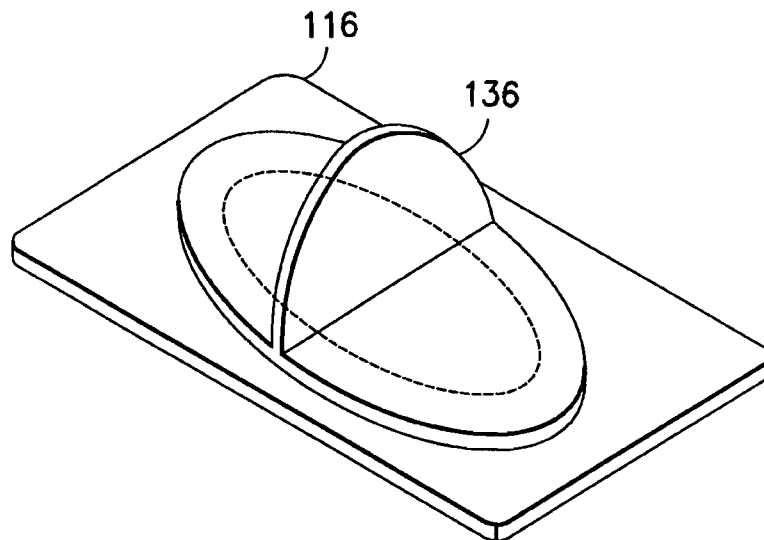


FIG. 11

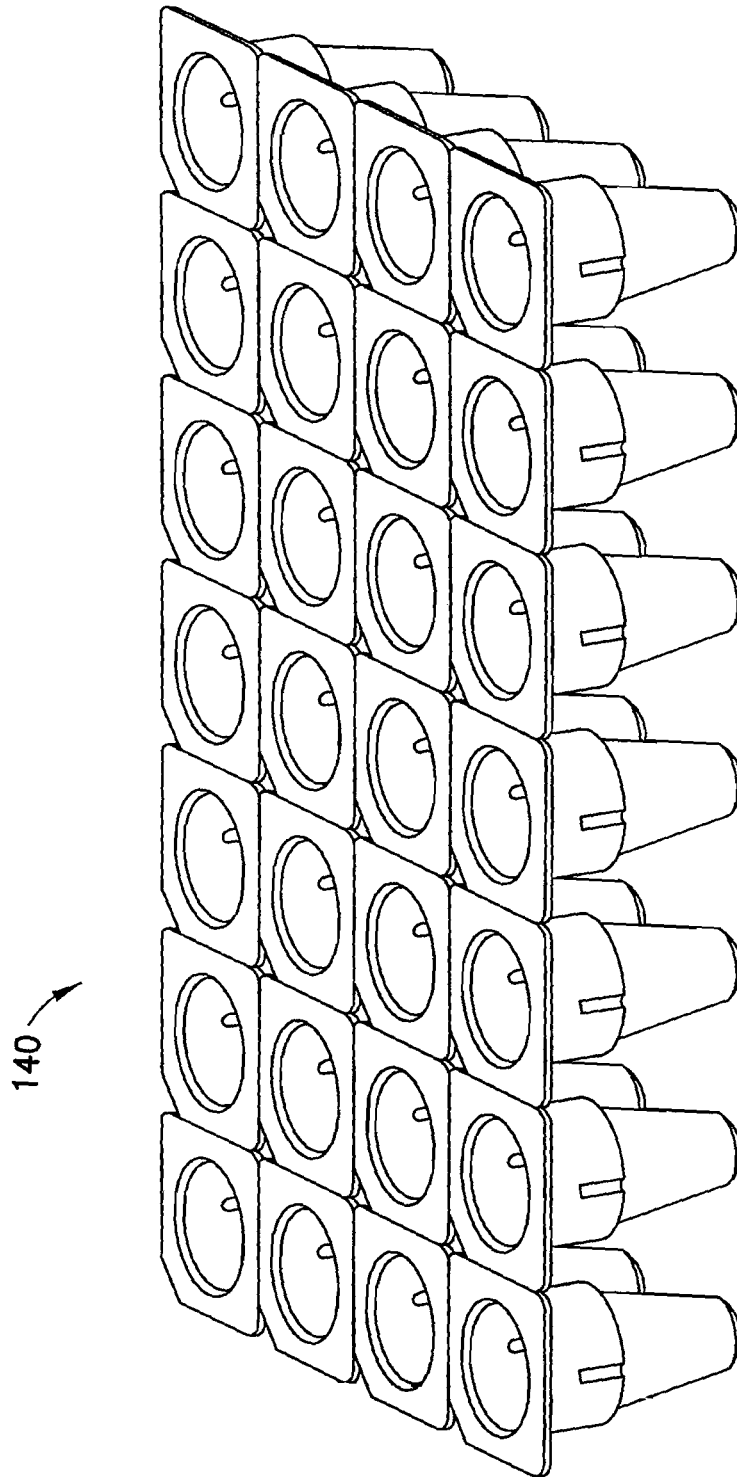


FIG.12

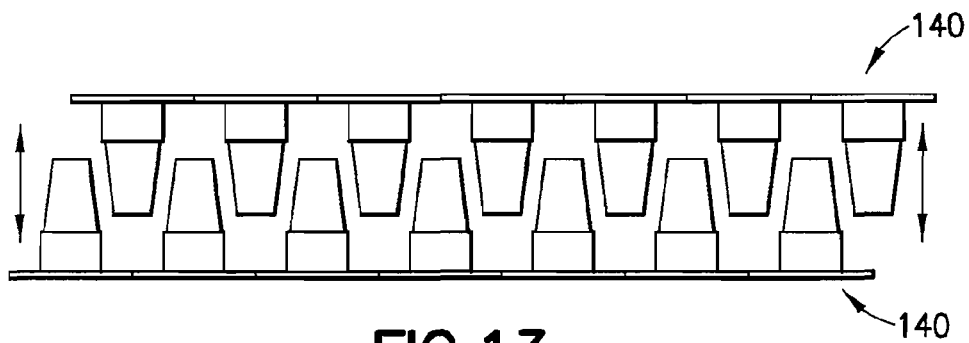


FIG. 13

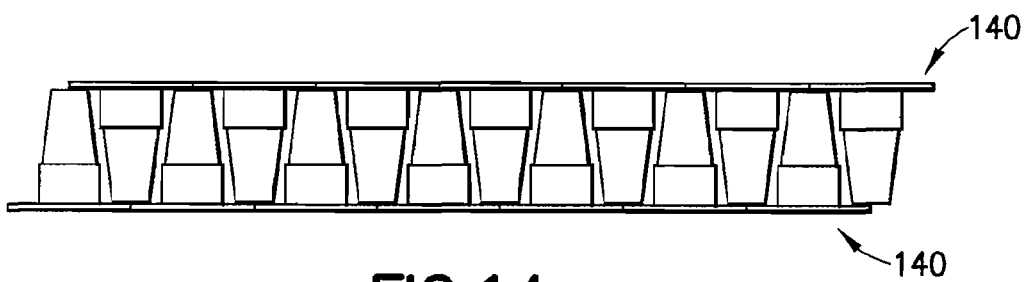


FIG. 14

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PEN NEEDLE DISPENSING APPARATUS**CROSS-REFERENCE TO RELATED APPLICATIONS**

This application claims priority under 35 USC §119(e) from U.S. Provisional Patent Application Ser. No. 61/344,541, filed on Aug. 16, 2010, the disclosure of which is incorporated herein by reference in its entirety.

BACKGROUND OF THE INVENTION**1. Field of the Invention**

The present invention relates to needles for a pen injection device, and more particularly, to an apparatus for dispensing and storing needles for a pen injection device.

2. Description of the Related Art

Medication delivery pens are used for self-injection of precisely measured doses of medication. Pens are widely used, for example, by diabetics to self-inject insulin. A typical medication delivery pen includes a cartridge which contains a volume of liquid medication sufficient for several doses. Using a pen needle attached to the pen device, the dose is injected into a tissue area, such as the intramuscular tissue layer, the subcutaneous tissue layer, or the intradermal tissue layer.

The assembly and operation of a typical pen injection device is described in commonly-assigned U.S. Pat. No. 7,645,264, which is hereby incorporated by reference in its entirety.

Pen injection devices, such as an exemplary pen injector 50, as shown in FIGS. 1 and 2, typically comprise a dose knob/button 24, an outer sleeve 13, and a cap 21. The dose knob/button 24 allows a user to set the dosage of medication to be injected. The outer sleeve 13 is gripped by the user when injecting medication. The cap 21 is employed by the user to securely hold the pen injector 50 in a shirt pocket, purse, or other suitable location.

FIG. 2 is an exploded view of the exemplary drug delivery pen 50 shown in FIG. 1. The dose knob/button 24 has a dual purpose and is used to both set the dosage of the medication to be injected and to inject the dosed medicament via a lead screw 7 and stopper 15 from a medicament cartridge 12, which is attached to the drug delivery pen through a lower housing 17. The medicament cartridge 12 is typically a glass tube sealed at 1 end with a septum 16 and at the other end with the stopper 15. In standard drug delivery pens, the dosing and delivery mechanisms are all found within the outer sleeve 13. Those mechanisms are not described in greater detail herein as they are understood by those knowledgeable of the art.

A pen needle assembly 10 includes a hub 20, a patient needle 11 extending from a patient end of the pen needle assembly, and a septum-penetrating needle cannula 18 disposed within the hub 20 on a non-patient side thereof. The septum-penetrating needle cannula 18 is in fluid communication with the patient needle 11. The hub 20 is preferably screwed onto the lower housing 17, although other attachment means can be used such as attaching directly to the medicament cartridge 12. In attaching the hub 20 to the lower housing 17 or medicament cartridge 12, the septum-penetrating cannula 18 pierces the septum 16, but the septum 16 does not move with respect to the medicament cartridge 12. The stopper 15, however, is axially displaceable within the medicament cartridge 12 while maintaining a fluid-tight seal. The distal movement of the plunger or stopper 15 within the

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medicament cartridge 12 (due to advancement of the lead screw 7) causes medication to be forced into the patient needle 11 of the hub 20.

To protect a user, or anyone who handles the pen injector 50, a rigid outer shield 29 that attaches to the hub 20, covers the hub 20. The outer shield 29 can also be used as a handle or grip to screw hub 20 onto or off of pen injector 50. Typically, a teardrop cover or label 32, attached to a top flange 30 of the outer shield 29 and having a tab 34 for a handle (best shown in FIG. 8), provides a sterility barrier for the contents of the outer shield 29. An inner shield or needle cover 28 covers the patient needle 11 within the outer shield 29. The inner shield 28 can be secured to the hub 20 to cover the patient needle 11 by any suitable means, such as an interference fit or a snap fit. The outer shield 29 and inner shield 28 are removed prior to use. The cap 21 fits snugly against outer sleeve 13 to allow a user to securely carry the pen injection device 50.

Pen needle assemblies are usually sold individually packaged inside a plastic cover (such as outer shield 29) with a label covering the opening in the cover to provide a sterility barrier. These individually packaged pen needle assemblies are often sold packed loosely in a container, such as a box. Boxes of various sizes are used for various quantities of the individually packaged pen needle assemblies (for example, a 50 count box or a 100 count box).

SUMMARY OF EMBODIMENTS OF THE INVENTION

It is an aspect of the present invention to provide an apparatus for storing pen needles. More specifically, it is an aspect of the present invention to provide an apparatus for storing pen needles prior to their use as well as subsequent to their use. Additionally, it is an aspect of the present invention to provide an apparatus for dispensing pen needles for use with a pen injection device.

The foregoing and/or other aspects of the present invention are achieved by providing an apparatus for storing and dispensing a pen needle for an injection device, including a pliable outer covering for storing a pen needle assembly with a sterility barrier having a heat activated adhesive to bond the sterility barrier with the outer covering. The outer covering is sufficiently pliable that a user can compress the outer covering to grasp and hold the pen needle assembly stored within during attachment of the pen needle assembly to the pen injection device.

The foregoing and/or other aspects of the present invention are also achieved by providing an apparatus for storing and dispensing a pen needle for an injection device, including a packaging assembly including a pliable outer cover, the outer cover having a hub portion, a needle portion disposed at a distal end of the hub portion, and a flange disposed at a proximal end of the hub portion, the hub portion having internally protruding structures for engaging a hub of a pen needle. The hub portion is sufficiently pliable for a user to press gripping portions of the hub portion so that corresponding internal portions of the hub portion between the splines contacts the pen needle hub to increase a surface area contact between the outer cover and a pen needle therein.

The foregoing and/or other aspects of the present invention are also achieved by providing a method of storing and dispensing a pen needle for an injection device, the method including the operations of pressing gripping portions of a hub portion of a pliable outer cover having a pen needle therein, so that internal portions of the hub portion contact a hub of the pen needle to increase a surface area of contact between the pen needle and the outer cover. The method also

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includes attaching the injection device to the hub while pressing the gripping portions, and removing the pen needle from the outer cover.

The foregoing and/or other aspects of the present invention are also achieved by providing a method of packaging a plurality of pen needles for an injection device, the method including providing a plurality of outer covers having needle portions, hub portions, and flanges with separably joined edges in an array, the outer covers having a corresponding plurality of pen needles disposed therein.

Additional and/or other aspects and advantages of the present invention will be set forth in part in the description that follows and, in part, will be apparent from the description, or may be learned by practice of the invention.

BRIEF DESCRIPTION OF THE DRAWINGS

The above and/or other aspects and advantages of embodiments of the invention will become apparent and more readily appreciated from the following detailed description, taken in conjunction with the accompanying drawings, in which:

FIG. 1 is a perspective view of an exemplary drug delivery pen;

FIG. 2 is an exploded view of the exemplary drug delivery pen of FIG. 1;

FIGS. 3 and 4 are perspective views of a pen needle assembly in accordance with an embodiment of the present invention;

FIG. 5 is a perspective view of a packaging assembly in accordance with an embodiment of the present invention;

FIG. 6 is a partial plan view of the packaging assembly of FIG. 5;

FIG. 7 is a perspective view in cross-section taken along line 7-7 in FIG. 5 of the packaging assembly of FIG. 5;

FIG. 8 is a perspective view of a typical outer shield for a pen needle assembly of FIG. 3;

FIG. 9 is a perspective view of the packaging assembly of FIG. 5;

FIG. 10 is a partial perspective view of an alternative sterility barrier configuration for the packaging assembly of FIG. 5;

FIG. 11 is a partial perspective view of another alternative sterility barrier configuration for the packaging assembly of FIG. 5;

FIG. 12 is a perspective view of a packaging array of a plurality of packaging assemblies of FIG. 5; and

FIGS. 13 and 14 are side elevation views illustrating nesting of a plurality of arrays of FIG. 12.

DETAILED DESCRIPTION OF EMBODIMENTS OF THE PRESENT INVENTION

Reference will now be made in detail to embodiments of the present invention, examples of which are illustrated in the accompanying drawings, wherein like reference numerals refer to the like elements throughout. The embodiments described herein exemplify, but do not limit, the present invention by referring to the drawings. As will be understood by one skilled in the art, terms such as up, down, bottom, and top are relative, and are employed to aid illustration, but are not limiting.

FIGS. 3 and 4 are perspective views of a pen needle assembly 10 in accordance with an embodiment of the present invention. For brevity, the phrase "pen needle 10" will be used hereinafter instead of "pen needle assembly 10." As shown in FIG. 3, the pen needle 10 includes a hub 20 disposed at a non-patient end thereof. The hub 20 includes a plurality of

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ribs 64 for engagement with anti-rotation/retaining structures that will be described in greater detail below. In addition, protrusion 68 extends from a patient end of the hub 20 and the patient needle 11 extends from the protrusion 68. The septum-penetrating needle cannula 18 (best shown in FIG. 4) disposed within the non-patient end of the hub 20 fluidly communicates with the patient needle 11. Further, as shown in FIG. 4, the interior of the non-patient end of the hub 20 includes threads 72 for connection with an injection device, such as the pen injector 50. For brevity, hereinafter, the pen injector 50 will be employed as an exemplary injection device. One skilled in the art, however, will appreciate that other injection devices may be used without departing from the scope of the present invention.

FIG. 5 is a perspective view of a packaging assembly 100 in accordance with an embodiment of the present invention. As shown in FIG. 5, a packaging assembly 100 includes a pliable blister-pack or outer cover 104 for storing a pen needle 10 therein. The outer cover 104 includes a hub portion 108 and a needle portion 112. According to one embodiment, the material for the pliable outer cover 104 can be a pliable transparent plastic material, such as standard medical grade PETG copolyester having a thickness in the range of about 0.025" to 0.035" (0.635 mm to 0.890 mm), for example, preferably about 0.030" (0.760 mm). One of ordinary skill in the art will understand that other materials may be used without departing from the scope of the invention. According to one embodiment, as shown in FIG. 5 an inner shield 28 covers a patient needle 11 within the outer cover 104.

The packaging assembly 100 also includes a sterility barrier 116 that is at least partially removable for accessing the pen needle 10. According to one embodiment, the material for the sterility barrier 116 can be surgical grade kraft-paper having a thickness in the range of about 0.005" to 0.020" (0.125 mm to 0.508 mm), for example, preferably 0.013" (0.330 mm). One of ordinary skill in the art will understand that other materials may be used without departing from the scope of the invention.

FIG. 6 is a partial plan view of the packaging assembly 100. FIG. 7 is a perspective view in cross-section taken along line 7-7 in FIG. 5 of the packaging assembly 100. As shown in FIG. 6, the hub portion 108 of the packaging assembly 100 for holding a hub 20 of the pen needle assembly 10 preferably includes a plurality of splines 120 for holding the hub 20 and preventing the pen needle 10 from moving freely within the outer cover 104. These splines may be formed by molding, thermoforming, or other methods. In the embodiment illustrated in FIGS. 6 and 7, the needle portion 112 is substantially frustoconical, the hub portion 108 is substantially cylindrical, and a shoulder portion 110 is disposed between the needle portion 112 and the hub portion 108 for limiting an insertion depth of the pen needle 10.

Additionally, as shown in FIG. 6, adjacent to the splines 120, the hub portion 108 includes a plurality of gripping portions 124. As shown in FIGS. 6 and 7, and as will be described in greater detail below, the gripping portions 124 are spaced apart from the hub 20 such that gaps 128 exist between the gripping portions 124 and the hub 20.

Patients with diabetes, for example, may demonstrate a reduction in tactile abilities of the fingers known as peripheral neuropathy, which may increase in intensity as the disease progresses. This can result in the patient's inability to easily connect the pen needle 10 onto an injection device, such as the pen injector 50. Similarly, peripheral neuropathy may inhibit the patient's ability to easily remove the pen needle 10 from the pen injector 50.

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Materials for a typical rigid outer shield 29 include polypropylene (PP) or polyethylene (PE). When attempting to connect a pen needle 10 onto the pen injector 50, the patient typically touches only the rigid, usually opaque, outer shield 29, which may feel slippery to the patient.

In contrast to the outer shield 29, because the outer cover 104 can be significantly more pliable, the outer cover 104 can provide greater tactile feedback for the user, enabling a greater amount of control of the pen needle 10 while the patient connects the pen needle to the pen injector 50. For example, when squeezing the hub portion 108 while turning it, radial torque is transferred directly to the hub 20 by at least the splines 120. Because of the pliability of the hub portion 108, the patient can more easily determine the force required to squeeze the hub portion 108 to prevent rotation of the pen needle 10 when connecting the pen needle 10 to the pen injector 50.

Further, because of the splines 120 and the gaps 128, when the patient grasps and squeezes the gripping portions 124 of the hub portion 108, the splines 120 contact the hub 20 with greater force and internal portions of the pliable hub portion 108 between the splines 120 collapse against the hub 20, increasing the surface area contact between the hub portion 108 and the hub 20. The increase in the surface area contact results in greater frictional resistance between the outer cover 104 and the pen needle 10, thereby allowing the patient to more easily gauge the amount of pressure required to prevent rotational movement of the pen needle 10 with respect to the outer cover 104 when trying to secure the pen needle 10 to the pen injector 50.

Moreover, the pliability of the needle portion 112 offers another advantage over the outer shield 29 if the patient desires to keep the inner shield 28 within the outer cover 104. After securing the pen needle to the pen injector 50, the patient can grasp the inner shield 28 through the needle portion 112 and remove the pen needle 10 while maintaining the inner shield within the outer cover. In contrast, the rigidity of the typical outer shield 29 does not permit such utility.

The patient also experiences an advantage when removing the pen needle 10 from the pen injector 50. Similar to connecting the pen needle 10 and the pen injector 50, when using a typical outer shield 29, the wall of the outer shield 29 is too rigid to be squeezed to any significant extent, causing the patient to rely solely on the fit between the hub 20 and the inner surface of the rigid outer shield 29 to provide the necessary pull force required to pull the septum-penetrating needle cannula 18 from the septum of the medicament cartridge 12. Additionally, the small top flange 30 of the outer shield 29, which is used for label sealing, provides added rigidity to the outer shield 29.

In contrast, the pliable outer cover 104 may be easily squeezed between the patient's fingertips, the force of which is transferred directly from the inside of the outer cover 104 to the hub 20, allowing for easier withdrawal of the septum-penetrating needle cannula 18 from the septum. In other words, when the patient grasps and squeezes the gripping portions 124 of the hub portion 108, the splines 120 contact the hub 20 with greater force and the pliable hub portion 108 collapses against the hub 20, increasing the surface area contact between the hub portion 108 and the hub 20 and providing a more efficient transfer of force from the patient's fingers.

The splines 120 are discrete protruding structures that grip and also serve a spacing function, i.e., to establish gaps 128. One skilled in the art will appreciate that the splines 120 may be replaced by other features, formations, structures, etc. that perform the same functions.

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FIG. 8 is a perspective view of a typical outer shield 29 and FIG. 9 is a perspective view of the packaging assembly 100 in accordance with an embodiment of the present invention. As shown in FIGS. 8 and 9, in comparison to the top flange 30 of the outer shield 29, the top flange 132 of the outer cover 104 is preferably much larger. Additionally, as will be discussed in greater detail below, the needle portion 112 of the outer cover 104 is preferably much wider than a needle portion 36 of the outer shield 29.

Patients with reduced tactile abilities can also often experience difficulty in removing the sterility barrier (for example, "teardrop" label 32) from the rigid outer shield 29. A typical teardrop label 32 used as the sterility barrier for the rigid outer shield 29 has a thin polyethylene or polypropylene layer on the underside of the label 32. Under intense heat (for example, 400-440° F. (204-227° C.)), the thin layer on the underside of the label melts onto the flange 30 of the outer shield 29. This plastic to plastic bonding provides a very tenacious grip of the label 32 to the flange 30.

These labels 32 are opened by first pulling on a side tab 34, and then pulling up on the tab 34. In this manner, the patient has to overcome an especially heavy label breakout force at the leading edge of the flange 30, with only the tab 34 to hold onto with one hand and the often slippery PE or PP outer shield 29 with the other. As the label 32 continues to be pulled perpendicularly from the flange 30 and approaches the center of the diameter of the outer shield 29, the required removal force substantially drops. Then, there is a sudden increase in the required removal force as the label 32 approaches the trailing edge of the flange 30. This may cause over-pulling on the part of the patient, which might cause the outer shield 29 to slip out of the patient's grip and result in a loss of sterility of the pen needle 10.

In contrast, blister-pack labels, such as sterility barrier 116, tend to lend themselves to easy removal due to their reliance on heat-activated or pressure-sensitive adhesives. These adhesives, particularly when combined with any number of available label geometry configurations designed specifically for ease of grasping and manipulation, can be a great benefit to patients with reduced tactical abilities preparing for their injections.

In addition, as shown, for example, in FIGS. 6, 7, and 9, the squared-off flange 132 of the outer cover 104 can provide a larger surface area for sealing than the flange 30 of the outer shield 29. The flange 132 also provides the patient with additional area to hold the packaging assembly 100 during label removal and manipulation, as well as pen needle 10 attachment and detachment with respect to the pen injector 50. Further, the flange 132 provides increased patient protection and confidence against accidental needlesticks.

In embodiments of the present invention, a heat-activated or pressure-sensitive adhesive can be used to fasten the sterility barrier 116 to the flange 132 of the outer cover 104. An example of such an adhesive can be any medical grade heat-activated epoxy laminate, of which many formulations are available, including Dow Chemical Company's solution vinyl resin series of the VCAR, VAGH or VMCH types.

Patients with diabetes and other conditions requiring injections sometimes suffer from impaired vision, and subsequent hand/eye coordination issues. According to one embodiment, the outer cover 104 is manufactured from a material providing a high degree of transparency. Accordingly, the patient can more clearly see attachment of the pen needle 10 onto the pen injector 50 through the wall of the outer cover 104. This aids the patient in keeping the central axis of the hub 20 (in other words, the septum-penetrating needle cannula 18) properly aligned with the central axis of the pen injector 50. This

clarity not only provides easier targeting of the hub **20** with respect to the pen injector **50**, but also helps to prevent the edge of the hub **20** from catching on the edge of the tip of the pen injector **50** during connection with the pen needle **10**.

Further, when removing the pen needle **10** from the pen injector **50**, the opacity of the outer shield **29** can sometimes contribute to the exposed patient needle **11** accidentally penetrating through needle portion **36** of the outer shield **29**, and thus may produce accidental needlesticks. In contrast, the clarity of the outer cover **104** is beneficial in targeting the exposed patient needle **11** into the center of the needle portion **112** of the outer cover **104**, thereby reducing the possibility of the patient needle **11** penetrating through the outer cover **104**.

Additionally, if the patient maintains the inner shield **28** within the outer cover **104** when removing the pen needle **10** from the outer cover, the clarity of the outer cover aids the patient in fitting the needle **11** into the inner shield **28**. Likewise, the pliability of the needle portion **112** can aid the patient. The user can grasp the larger surface area of the needle portion at a distal end thereof, and thereby grip a distal end of the inner shield **28** to maintain the stability of the inner shield **28** when inserting the needle **11** therein. By gripping the distal end of the inner shield, the patient reduces the risk of needlestick during insertion of the needle **11** into the inner shield **28**.

Moreover, as shown in FIGS. **8** and **9**, the needle portion **112** of the outer cover **104** is wider than the narrow profile of the needle portion **36** of the outer shield **29**. Accordingly, with respect to the needle portion **36**, the walls of the needle portion **112** are moved outward, further from the needle. This also helps to prevent accidental penetration of the patient needle through the outer cover **104**, and thereby helps to protect the patient's fingers from accidental needlesticks.

Furthermore, the increased size of the flange **132** with respect to the flange **30** and the squared configuration of the flange **132** allows the patient's fingers to be farther away from the needle portion **112** during removal of the pen needle **10** from the pen injector **50**, and thus further reduces the likelihood of accidental needlesticks. In other words, because of the increased size and the shape of the flange **132**, a patient can grasp the outer cover **104** by opposing edges of the rectangular flange **132**, or by opposing faces of the flange **132** (for example, in a corner thereof) during the initial insertion of the pen needle **10** into the outer cover **104**. Subsequently, the user can grasp the gripping portions **124** of the hub portion **108** to increase the surface area contact between the hub portion **108** and the hub **20** for removal of the pen needle **10** from the pen injector **50**.

It is important to the health and safety of each patient that he or she receive pen needles **10** that are free from critical defects, such as an incomplete sterility barrier. The above-described process for heat-sealing the teardrop labels **32** to the flange **30** of the outer shield **29** has tight processing windows, and occasionally delivers weak or incomplete label seals. Although the probability for this to happen is low due to the amount of in-process quality assurance testing that is done during production, the risk of incomplete sterility barriers still exists.

In contrast, the ability of blister packaging to eliminate critical failures due to weak, faulty, or incomplete seals, has long been known to medical device manufacturers, as evidenced by the number of blister packed syringes and other medical devices that have been successfully produced and sold over the years. For example, according to one embodiment, the sealing of the outer cover **104** by the sterility barrier **116** is accomplished using a heat-activated adhesive that is activated at around 140° F. (60° C.). Thus, ensuring the proper

conditions for sterile sealing of the outer cover **104** is less demanding than the conditions required for sterile sealing of the outer shield **29**. Further, as an additional benefit to the patient, less force is required to break the seal of the adhesive between the sterility barrier **116** and the flange **132** of the outer cover **104** than is required to break the plastic to plastic bond between the teardrop labels **32** and the flange **30** of the outer shield **29**.

Referring back to FIG. **5**, the illustrated embodiment of the sterility barrier **116** is an edge-peel configuration. In other words, to remove the sterility barrier **116** shown in FIG. **5**, the patient lifts one edge of the sterility barrier **116** with respect to the flange **132** of the outer cover **104**. Subsequently, the patient peels back the sterility barrier **116** to reveal the non-patient end pen needle **10**. FIGS. **10** and **11** are partial perspective views of alternative sterility barrier configurations. In contrast to FIG. **5**, FIG. **10** illustrates a corner-peel configuration in which the patient first lifts a corner of the sterility barrier **116**. FIG. **11** illustrates a lift and pull configuration. More specifically, the patient first lifts a flap **136** and then, grasping the flap **136** peels back the sterility barrier **116** with respect to the flange **132** to reveal the non-patient end of the pen needle **10**.

FIG. **12** is a perspective view of a packaging array **140** of a plurality of packaging assemblies **100**. As shown in FIG. **12**, a packaging array **140** is a 4×7 array joining **28** packaging assemblies **100**. One of ordinary skill in the art, however, will appreciate arrays of various sizes can be made without departing from the scope of the present invention. In FIG. **12**, the respective sterility barriers **116** are removed for illustrative purposes. According to one embodiment, the connection between the individual packaging assemblies **100** is perforated to ease removal of a single packaging assembly **100** or a sub-array of packaging assemblies **100** from adjoining packaging assemblies **100**. Although the flange **132** of the illustrated embodiment is a square parallelogram, one skilled in the art will appreciate that other shapes may be used without departing from the scope of the invention. For example, the flange may be diamond-shaped, triangular, rectangular, pentagonal, hexagonal, heptagonal, octagonal, or the like. Preferably, the flange is square, rectangular, hexagonal, or octagonal, so that edges of the flange may be joined to minimize waste and increase packing density. In other words, the flange is preferably shaped to provide a maximum number of packaging assemblies per volume.

In the packaging array **140** shown in FIG. **12**, for added convenience to the patient, the pen needles **10** are packaged in blister containers or connected compartments much like typical over-the-counter medications. According to the embodiment shown, up to 28 pen needles may be available on each "card" or "sheet" or packaging array **140**. As such, a supply of pen needles may be easily and safely transported by the patient instead of the patient having to carry a shelf carton of loose outer shields **29**.

Multiple packaging arrays **140** can then be loaded into a shelf carton. Due to the ability of the packaging arrays **140** to nest (by inverting one of a pair of packaging arrays **140** so that the respective needle portions **112** of the packaging assemblies **100** are adjacent to each other, as shown in FIGS. **13** and **14**), utilization of a given space is more efficient. For example, a carton containing 112 packaging assemblies **100** in four nested packaging arrays **140** can be sized approximately 1/3 smaller than a carton containing 100 loose pack outer shields **29**. One of ordinary skill in the art will appreciate that other variations of cartons are possible for added patient convenience. As an added manufacturing advantage, the configuration of the packaging arrays **140** allows the

packaging arrays **140** to be packaged directly on the assembly line. This eliminates the need to transport sealed pen needles **10** from the assembly line to the packaging line during manufacturing, which is one of the prime contributors to prematurely ruptured seals.

Because of the tight operating window of the process for sealing the teardrop labels **32** to the outer shields **29**, failures have been known to occur in the manufacturing process. Though such failures are usually caught and inspected out, the process itself and the required destructive testing contributes to increased waste and reduced efficiency in manufacturing. One advantage of embodiments of the present invention is a manufacturing cost reduction. This cost reduction is due to the decrease in previously required in-process testing, to assure proper sealing of the label **32** to the flange **30**. In manufacturing the outer shield **29**, the sample size is large and the in-process testing is performed often. With the destructive nature of the test, a large amount of good product is destroyed and the associated cost is not recovered. Because of the more easily achieved conditions for manufacturing the embodiments of the present invention described above, sample sizes can be reduced and/or frequency of testing can be reduced to achieve similar success rates.

An additional advantage of embodiments of the present invention is additional manufacturing savings due to increased efficiency in the use of materials for sterility barriers. In the manufacturing of the outer shield **29**, the tear drop labels **32** are held in a web of the same material, with the actual labels **32** representing only about 25-30% of a roll of web material. This means that 70-75% of the label **32** material that is purchased is discarded as scrap after the teardrop labels **32** have been removed from the web. The square shape of the sterility barriers **116** in embodiments of the present invention can be more efficiently manufactured from a roll of material. Not only is the design of the sterility barriers **116** more cost effective, but the design is more environmentally responsible.

Moreover, during the process of sealing the teardrop labels **32** to the outer shields **29**, production must be stopped and the high-temperature heater heads required for the sealing must be cleaned multiple times during each manufacturing shift. Additionally the high-temperature heater modules must be regularly replaced. Further, the pressure compliance modules also require a high degree of maintenance. Another advantage of embodiments of the present invention is that the high equipment maintenance costs associated with the process of sealing the teardrop labels **32** to the outer shield **29** is eliminated.

Although only a few embodiments of the present invention have been shown and described, the present invention is not limited to the described embodiments. Instead, it will be appreciated by those skilled in the art that changes may be made to these embodiments without departing from the principles and spirit of the invention as defined in the appended claims and their equivalents.

What is claimed is:

1. A method of storing and dispensing a pen needle for an injection device, the method comprising:

pressing gripping portions of a hub portion of an outer cover having a pen needle therein, so that internal portions of the hub portion contact a hub of the pen needle to increase a surface area of contact between the pen needle and the outer cover;

attaching the injection device to the pen needle hub while pressing the gripping portions;

removing the pen needle from the outer cover; and pressing a needle portion of the outer cover to maintain a needle cover within the outer cover when removing the pen needle from the outer cover.

2. The method according to claim 1, wherein attaching the injection device comprises threading the hub of the pen needle onto the injection device; and

wherein the method further comprises inserting the pen needle into the outer cover; and

unthreading the injection device from the hub while pressing the gripping portions so that the internal portions of the hub portion contact the hub of the pen needle to increase the surface area contact between the pen needle and the outer cover.

3. The method according to claim 2, further comprising pressing the gripping portions so that the internal portions of the hub portion contact the hub of the pen needle while removing a non-patient needle portion of the pen needle from a septum of the injection device.

4. The method according to claim 1, wherein the internal portions of the hub portion contacting the hub of the pen needle are disposed between internal splines.

5. The method according to claim 1, wherein the step of pressing the gripping portions comprises radially pressing the gripping portions.

6. A method of storing and dispensing a pen needle for an injection device, the method comprising:

housing a pen needle in a flexible outer cover having gripping portions;

opening the outer cover;

pressing the gripping portions of the outer cover, so that internal portions of the outer cover corresponding to the gripping portions directly contact a hub of the pen needle to increase a surface area of contact between the pen needle and the outer cover;

attaching the pen needle to a pen injection device while pressing the gripping portions, so that the pen needle remains at least partially in the outer cover during the attaching; and

pressing a needle portion of the outer cover to maintain a needle cover within the outer cover when removing the pen needle from the outer cover.

7. The method according to claim 6, wherein attaching the injection device comprises threading the hub of the pen needle onto the injection device; and

wherein the method further comprises inserting the pen needle into the outer cover; and

unthreading the injection device from the hub while pressing the gripping portions so that the internal portions of the hub portion contact the hub of the pen needle to increase the surface area contact between the pen needle and the outer cover.

8. The method according to claim 7, further comprising pressing the gripping portions so that the internal portions of the hub portion contact the hub of the pen needle while removing a non-patient needle portion of the pen needle from a septum of the injection device.

9. The method according to claim 6, wherein the internal portions of the hub portion contacting the hub of the pen needle are disposed between internal splines.

10. The method according to claim 6, wherein the step of pressing the gripping portions comprises radially pressing the gripping portions.